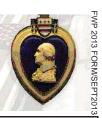


2013 MONTANA DISABLED VETERAN APPLICATION



DATE OF						DATE OF BIRTH IS MANDATORY FOR ALL APPLICATIONS. Your ALS number is your date of birth followed by a 1 to 3 digit number. If you have not applied for or purchased a Montana hunting								
BIRTH NAME	MM	DD	YYYY	<u> </u>	ALS	license y	ou will not hav	e an ALS#. You	will be issued ar	n ALS# at	fter your applic	cation is processed.		
FIRST MI LAST								JR., SR., ETC.	HOME PHONE) WORK PHONE		
TINO!								JK., JK., LTG.	110	LFHONE	l	WORK PHONE		
MAILING ADDRESS								CITY STATE			STATE	ZIP CODE		
PHYSICAL ADDRESS BALD BROWN								1	CITY STATE ZIP CODE					
☐ Female						LACK	BROWN GRAY	BLUE	GREEN		USA OTHER (Please list Country)			
☐ Male		Feet Inches				LOND	RED	BROWN	HAZEL		Triant (ricase not obtainly)			
		HEIGHT		WEIGHT			(Circle One)	Eye Color	· · · · · ·	ho is born	COUNTRY o is born			
HUNTER EDUCATION REQUIREMENT Any after January 1, 1985 must submit with all hunting li a copy of their certificate verifying that he/she has c							nting license ap	plications	5					
Last 4 dig SOCIAL SEC		OCCUPATION						state or province. DEPARTMENT USE ONLY						
FWP receives requests for mailing lists. Do you want your provided to requestors? YES NO											name included on lists			
<u>X</u>								NOTE: Even if you choose NO, under state law FWP is required to allow those who wish to compile their own mailing list access to department records, including name,						
ORIGINAL SIGNATURE OF APPLICANT REQUIRED Do not print.							IIRED	address, gender, residency and whether you were successful.						
To be eligible for the issuance of a donated license, the disabled veteran applicant must include a letter from the United States Department of Veteran's Affairs certifying to the seventy percent (70%) or more service connected disability compensation qualification of the applicant. In addition, the disabled veteran must be selected and sponsored by a nonprofit charitable organization dedicated to providing hunting opportunities to individuals with disabilities. No license will be issued without this application, qualification letter from United States Department of Veterans Affairs, and a properly completed Affidavit for Donated License Issuance from the nonprofit charitable organization sponsoring the disabled veteran. 1. NAME OF THE SPONSORING ORGANIZATION ORGANIZATION TAX EXEMPTION ID NUMBER														
2. TY	/PE	OF LI	CEN	ISE RE	EQU	ESTIN	1G							
		F LICEN												
HU	HUNTING DISTRICT REQUESTING:													
PE	ERMIT	requii	RED:	Y	ES	1	NO							
3. SUBMIT THE FOLLOWING DOCUMENTATION: PURPLE HEART CERTIFICATE OR DD214 REFLECTING PURPLE HEART AND VA DISABILITY RATING OF 70% OR														
		VA DISA	4RILI	IY RAT	ing O	r 70%	<u>UR</u>							
	PROOF OF MEDICAL TREATMENT WHILE ON ACTIVE DUTY STATUS													

RETURN TO:
MONTANA FISH, WILDLIFE & PARKS
LICENSE SECTION
1420 E 6th AVE
PO BOX 200701
HELENA, MT 59620-0701